



Dart Hawkesbury  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

646.3210

Job Sheet 168224



Part No: 646.3210

Job Qty: 6 ea

Part Name: Support



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 11/13/17

Job Tracking No:

Due Date: 12/1/17

Created By: Linda Lacelle

Type: Stock

Description:

Note: DWG REV n/c IPP REV:A NEW ISSUE 12-11-09 JLM VERIFIED BY:DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation              | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off |
|-------|------------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|----------|
|       |                        |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |          |
| 90    | Start up Operation     | 6 Ea  |            | 11/30/17 | 0.00      | 0.00    | Start Up Machining    |           | ✓        |
| 100   | Bandsaw                | 6 pcs |            | 11/30/17 | 0.00      | 0.22    | Bandsaw1              |           | ✓        |
| 110   | CNC Vertical Machining | 6 pcs |            | 12/1/17  | 0.32      | 13.02   | HAAS 1                |           | ✓        |
| 130   | QC                     | 6 pcs |            | 12/1/17  | 0.00      | 0.00    | QC8                   |           | ✓        |
| 140   | Outsource              | 6 pcs |            | 12/1/17  | 0.00      | 0.00    | Outsource4            |           | ✓        |
| 150   | Packaging              | 6 pcs |            | 12/1/17  | 0.00      | 0.00    | Packaging2            |           | ✓        |
| 155   | QC                     | 6 pcs |            | 12/1/17  | 0.00      | 0.00    | QC5                   |           | ✓        |
| 180   | Packaging              | 6 pcs |            | 12/1/17  | 0.00      | 0.00    | Packaging3            |           | ✓        |
| 190   | QC21-SA                | 6 Ea  |            | 12/1/17  | 0.00      | 0.00    | QC21                  |           | ✓        |

Part Op 100 - Cut Blank at 10.35"

Descriptions: 110 - 1-Machine per folio FB146

140 - Issue P/O to ATG : 1- Black Anodize as per Dwg 646.3200

180 - \*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

FEB 05 2018

### Job Allocations

1X10.35 # M137968 FM137968.0 3.45 ft. 5026937  
Job Allocations could not be found.  
2X10.35 # M137987 FM137987.0 1.73 ft. 5026938

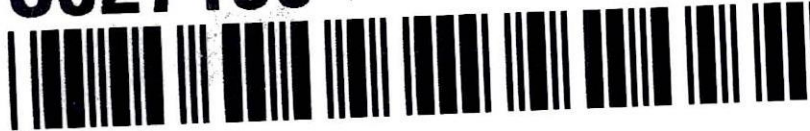
### Part Specifications

| Spec No | Description | Target/Tolerance    | Limits         | Type   | Special Comments |
|---------|-------------|---------------------|----------------|--------|------------------|
| 1       | Support     | 5.813Inches ± 0.005 | 5.818<br>5.808 |        |                  |
| 2       | Support     | 0.250Inches ± 0.005 | 0.255<br>0.245 | Radius |                  |
| 3       | Support     | 0.313Inches ± 0.005 | 0.318<br>0.308 | Radius |                  |
| 4       | Support     | 0.110Inches ± 0.005 | 0.115<br>0.105 |        |                  |
| 5       | Support     | 0.875Inches ± 0.005 | 0.880<br>0.870 |        |                  |
| 6       | Support     | 0.125Inches ± 0.005 | 0.130<br>0.120 |        |                  |
| 7       | Support     | 0.063Inches ± 0.005 | 0.068<br>0.058 |        |                  |
| 8       | Support     | 0.825Inches ± 0.005 | 0.830          |        |                  |

|    |         |                                    |                |        |
|----|---------|------------------------------------|----------------|--------|
|    |         |                                    | 0.820          |        |
| 9  | Support | 3.526Inches $\pm$ 0.005            | 3.531<br>3.521 |        |
| 10 | Support | 2.465Inches $\pm$ 0.005            | 2.470<br>2.460 |        |
| 11 | Support | 4.728Inches $\pm$ 0.005            | 4.733<br>4.723 |        |
| 12 | Support | 0.094Inches $\pm$ 0.004<br>- 0.001 | 0.098<br>0.093 |        |
| 13 | Support | 0.100Inches $\pm$ 0.005            | 0.105<br>0.095 |        |
| 14 | Support | 0.125Inches $\pm$ 0.005            | 0.130<br>0.120 | Radius |

Plex 11/13/17 4:16 PM dart.boucher.sylvie

**DART**  
AEROSPACE  
**S027109**



Support

**PART NO: 646.3210**  
**Revision:**  
**Operation: Bandsaw**  
**Change No:**

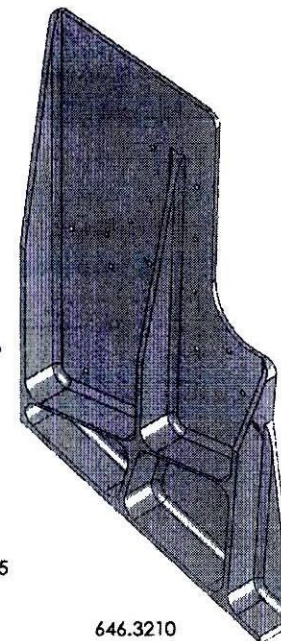
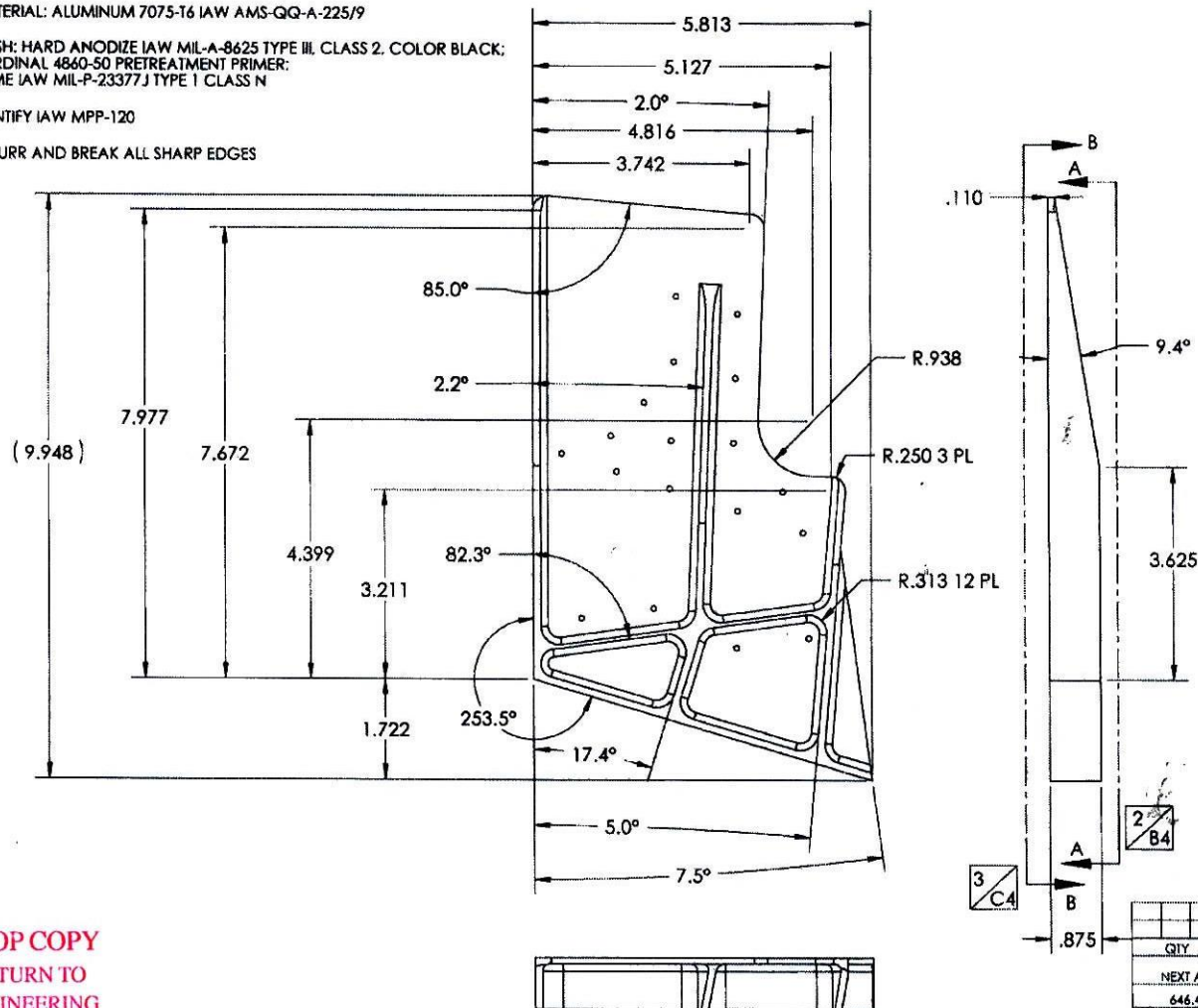
**Dart Aerospace Ltd.**  
1270 Aberdeen Street  
Hawkesbury, ON K64 1K7  
CANADA  
TEL.: 1 613 632-5200  
Email: sales@dartaero.com  
www.dartaerospace.com

**Mfg Date: 12/28/17**  
**Job No: 168224**



| REVISIONS |             |      |          |
|-----------|-------------|------|----------|
| REV       | DESCRIPTION | DATE | APPROVED |
|           |             |      |          |
|           |             |      |          |
|           |             |      |          |

1. MATERIAL: ALUMINUM 7075-T6 IAW AMS-QQ-A-225/9
2. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2. COLOR BLACK;  
CARDINAL 4860-50 PRETREATMENT PRIMER;  
PRIME IAW MIL-P-23377J TYPE I CLASS N
3. IDENTIFY IAW MPP-120
4. DEBURR AND BREAK ALL SHARP EDGES



646.3210

DAS  
30  
9-89

NOV 16 2017

WITHOUT NOTICE  
WORK ORDER  
NO. 168224

|               |                                                                                                                                             |        |                                                                 |         |       |       |   |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------|---------|-------|-------|---|
|               |                                                                                                                                             |        | 646.3210                                                        | SUPPORT |       | A     | A |
|               | FIND #                                                                                                                                      | PART # | DESCRIPTION                                                     |         | MAT'L | SPEC. |   |
| QTY           |                                                                                                                                             |        | PARTS LIST                                                      |         |       |       |   |
| NEXT ASSY (S) | ORIGINAL DATE FOR MCHPT 08-25-08                                                                                                            |        | <b>APICAL INDUSTRIES</b>                                        |         |       |       |   |
| 646.4000      | P. DRAWN BY J. JOSEPH                                                                                                                       |        | 2608 TEMPLE HEIGHTS DR.<br>OCEANSIDE, CA 92056-3512 (760)724-53 |         |       |       |   |
|               | SERIAL NO. APPROVAL                                                                                                                         |        | <b>SUPPORT</b>                                                  |         |       |       |   |
|               | CONNECT MD                                                                                                                                  |        | SWF CAGE CODE DATED INC 646.3200                                |         |       |       |   |
|               | UNLESS OTHERWISE SPECIFIED<br>DIMENSIONS ARE IN INCHES<br>TOLERANCES ARE:<br>1. HOLE DIMENSIONS ± .01<br>2. HOLE DEPTH ± .005<br>ANGLES .5° |        | SCALE: NONE SHEET 1 OF 4                                        |         |       |       |   |

0088

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



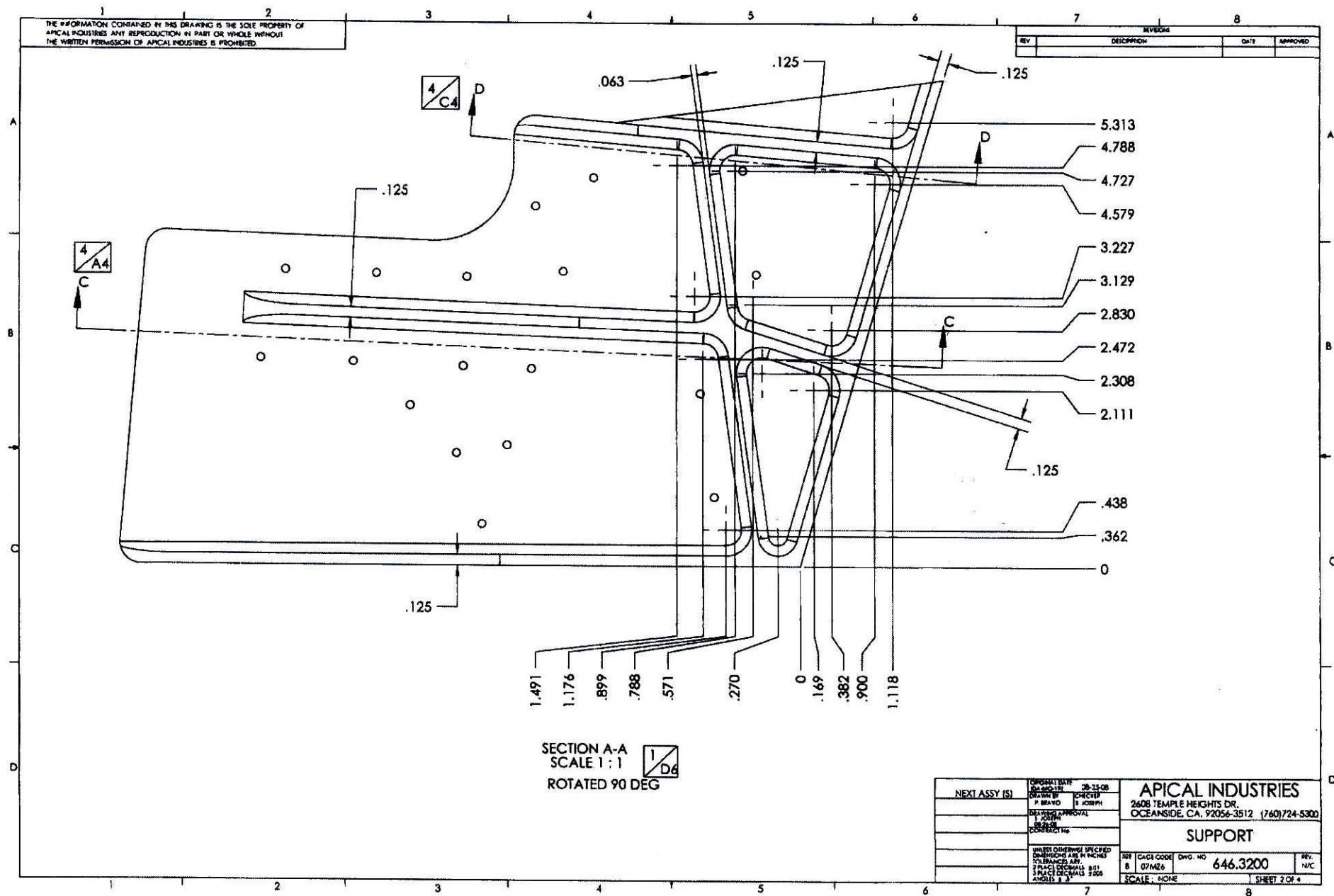
## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| INVOICE |             |      |          |
|---------|-------------|------|----------|
| REV     | DESCRIPTION | DATE | APPROVED |





DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

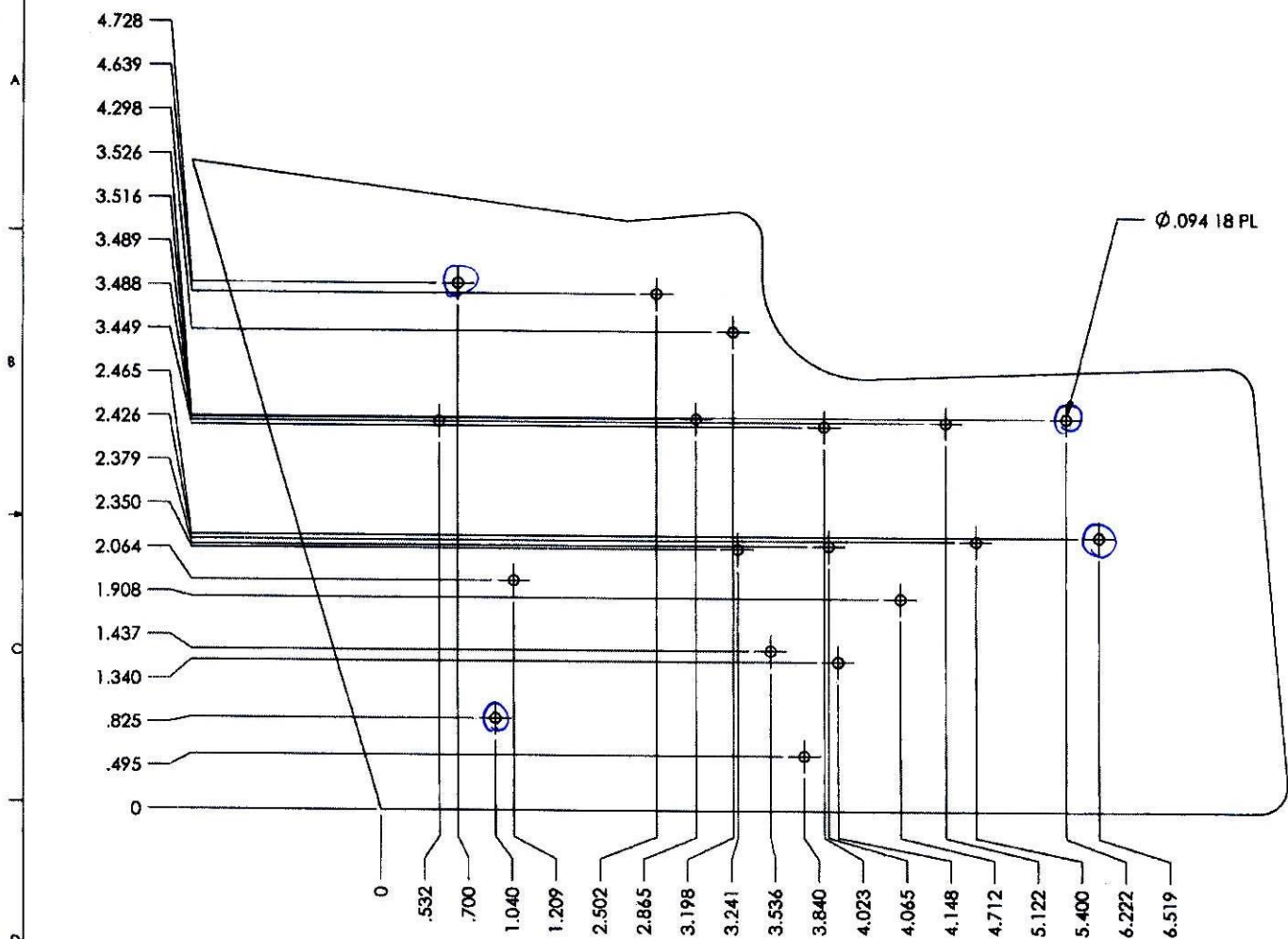
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                            |                                                |                                               |            |  |                |  |  |  |                                      |                                             |                                          |                                           |                                           |                                           |                                 |                                   |                                  |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |                                        |                                   |
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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Root Cause</th> <th colspan="4" style="text-align: left;">FAULT CATEGORY</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">Environment <input type="checkbox"/></td> <td style="width: 15%;">No Re-verification <input type="checkbox"/></td> <td style="width: 15%;">Pressure/Forced <input type="checkbox"/></td> <td style="width: 15%;">Temperature/Cure <input type="checkbox"/></td> <td style="width: 15%;">Power Loss/Surge <input type="checkbox"/></td> <td style="width: 15%;">Positioned Wrong <input type="checkbox"/></td> </tr> <tr> <td>Design <input type="checkbox"/></td> <td>Operator <input type="checkbox"/></td> <td>Bending <input type="checkbox"/></td> <td>Set-up <input type="checkbox"/></td> <td>Folio/Program <input type="checkbox"/></td> <td>Outside Dimensions <input type="checkbox"/></td> </tr> <tr> <td>Doc/Data <input type="checkbox"/></td> <td>Offset/Setup <input type="checkbox"/></td> <td>Centre Not Concentric <input type="checkbox"/></td> <td>BOM/Route <input type="checkbox"/></td> <td>Grain <input type="checkbox"/></td> <td>Over/Under tolerance <input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td>Cracks <input type="checkbox"/></td> <td>Broken/Damage/Defect <input type="checkbox"/></td> <td>Weld <input type="checkbox"/></td> <td>Part Incorrect <input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre <input type="checkbox"/></td> <td>Training <input type="checkbox"/></td> <td>Crimp/Kink/Ripple/Wave <input type="checkbox"/></td> <td>Inspection Incomplete/Unqualified <input type="checkbox"/></td> <td>Wrong Stock Pulled <input type="checkbox"/></td> <td>Part Lost/Missing <input type="checkbox"/></td> </tr> <tr> <td>Material <input type="checkbox"/></td> <td>Use for Testing <input type="checkbox"/></td> <td>Cuffs <input type="checkbox"/></td> <td>Contamination <input type="checkbox"/></td> <td>Out of Sequence <input type="checkbox"/></td> <td>Part Moved <input type="checkbox"/></td> </tr> <tr> <td>Internal Transport <input type="checkbox"/></td> <td>Poor Information <input type="checkbox"/></td> <td>Crushing <input type="checkbox"/></td> <td>Countersink <input type="checkbox"/></td> <td>Off-set <input type="checkbox"/></td> <td>Drawing <input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge <input type="checkbox"/></td> <td>Rushing <input type="checkbox"/></td> <td>Heat Treat <input type="checkbox"/></td> <td>Cut Too Short <input type="checkbox"/></td> <td>Mislabeled <input type="checkbox"/></td> <td>Finish <input type="checkbox"/></td> </tr> <tr> <td>LOA <input type="checkbox"/></td> <td>Product Improvement <input type="checkbox"/></td> <td>Wave/Twist in Tube <input type="checkbox"/></td> <td>Instructions Incomplete/Unclear <input type="checkbox"/></td> <td>Fit/Function <input type="checkbox"/></td> <td>Misread <input type="checkbox"/></td> </tr> <tr> <td>Substation <input type="checkbox"/></td> <td>Process Improvement <input type="checkbox"/></td> <td>Marks/Chatter <input type="checkbox"/></td> <td>Drill Holes <input type="checkbox"/></td> <td>Misaligned/off center <input type="checkbox"/></td> <td>Turning Sequence <input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date <input type="checkbox"/></td> <td>Manufacturing Process <input type="checkbox"/></td> <td colspan="4" rowspan="2" style="vertical-align: top;">OTHER : _____</td> </tr> <tr> <td>Misidentified <input type="checkbox"/></td> <td>Past Due <input type="checkbox"/></td> </tr> </tbody> </table> |                                                                                                                                                                                    |                                                                                                                           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CATEGORY |  |  |  | Environment <input type="checkbox"/> | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/> | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |  |  | Misidentified <input type="checkbox"/> | Past Due <input type="checkbox"/> |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Design <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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|                                             |                                          |                                           |                                           |                                           |                                 |                                   |                                  |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   | 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| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| LOA <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Substation <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Past Due <input type="checkbox"/>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |                                                |                                               |            |  |                |  |  |  |                                      |                                             |                                          |                                           |                                           |                                           |                                 |                                   |                                  |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |                                        |                                   |

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| REV | DESCRIPTION | DATE | APPROVED |
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|              |                                                                                                                  |                                                                    |                  |
|--------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------|
| NEXT ASSY IS | ORIGINAL DATE<br>05-25-08                                                                                        | APICAL INDUSTRIES                                                  |                  |
|              | DRAWN BY<br>P. BRAYO                                                                                             | 2608 TEMPLE HEIGHTS DR.<br>OCEANSIDE, CA. 92056-3512 (760)724-5300 |                  |
|              | CHECKED BY<br>L. KIRBY                                                                                           | SUPPORT                                                            |                  |
|              | DRAWING APPROVAL<br>1. JOSH<br>2. JOSH<br>3. JOSH                                                                |                                                                    |                  |
|              | UNLESS OTHERWISE SPECIFIED<br>DIMENSIONS ARE IN INCHES<br>TOLERANCES ARE<br>3 PLACE DECIMALS ±.01<br>ANGLES ±.5° | REV<br>B                                                           | DATE<br>07/24/26 |
|              |                                                                                                                  | DWG. NO.<br>646.3200                                               | REV<br>N/C       |
|              |                                                                                                                  | SCALE: NONE                                                        | SHEET 3 OF 4     |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

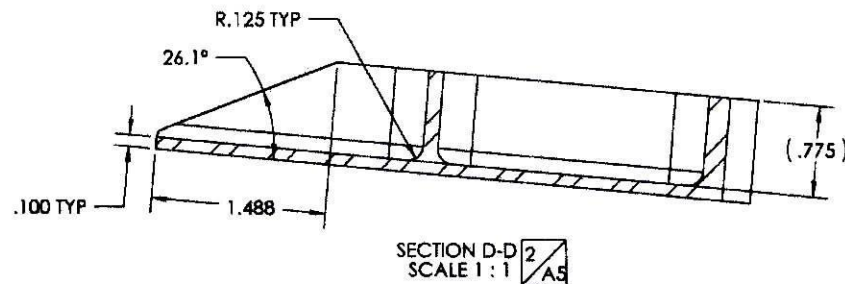
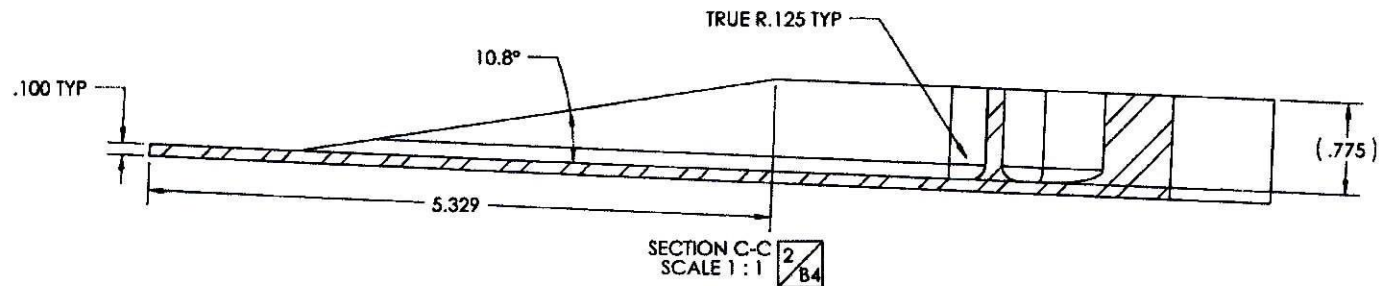
Work Order update only ☐

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |  |  |
| <b>Root Cause</b><br><br><div style="display: flex;"> <div style="width: 50%;">             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div style="width: 50%;">             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |  | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Wave/Twist in Tube<br><input type="checkbox"/> Marks/Chatter |  | <b>FAULT CATEGORY</b><br><br><div style="display: flex;"> <div style="width: 50%;"> <input type="checkbox"/> Temperature/Cure<br/> <input type="checkbox"/> Set-up<br/> <input type="checkbox"/> BOM/Route<br/> <input type="checkbox"/> Broken/Damage/Defect<br/> <input type="checkbox"/> Inspection Incomplete/Unqualified<br/> <input type="checkbox"/> Contamination<br/> <input type="checkbox"/> Countersink<br/> <input type="checkbox"/> Cut Too Short<br/> <input type="checkbox"/> Instructions Incomplete/Unclear<br/> <input type="checkbox"/> Drill Holes           </div> <div style="width: 50%;"> <input type="checkbox"/> Power Loss/Surge<br/> <input type="checkbox"/> Folio/Program<br/> <input type="checkbox"/> Grain<br/> <input type="checkbox"/> Weld<br/> <input type="checkbox"/> Wrong Stock Pulled<br/> <input type="checkbox"/> Out of Sequence<br/> <input type="checkbox"/> Off-set<br/> <input type="checkbox"/> Mislabeled<br/> <input type="checkbox"/> Fit/Function<br/> <input type="checkbox"/> Misaligned/off center           </div> </div> |  | <input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Outside Dimensions<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Turning Sequence |                                                                                                                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |  |  |



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| REV | DESCRIPTION | DATE | APPROVED |
|-----|-------------|------|----------|
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|                                                                                                                                                     |  |                  |                                                                                         |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|-----------------------------------------------------------------------------------------|-------------|
| NEXT ASSY (S)                                                                                                                                       |  | DATE<br>08-25-08 | APICAL INDUSTRIES<br>2608 TEMPLE HEIGHTS DR.<br>OCEANSIDE, CA. 92056-3512 (760)724-5300 |             |
| DRAWN BY<br>P. BRAYO                                                                                                                                |  | BY<br>S. JOSEPH  | SUPPORT                                                                                 |             |
| CHECKED BY<br>J. JOSEPH                                                                                                                             |  | DATE<br>08-26-08 |                                                                                         |             |
| CONTRACT NO.                                                                                                                                        |  | SCALE<br>1"=1"   | DWG. NO.<br>646.3200                                                                    | REV.<br>NAC |
| UNLESS OTHERWISE SPECIFIED<br>DIMENSIONS ARE IN INCHES<br>TOLERANCES ARE:<br>1 PLACE DECIMALS .01<br>2 PLACE DECIMALS .005<br>3 PLACE DECIMALS .001 |  | SHEET 4 OF 4     |                                                                                         |             |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MRB (QSI042) Approval |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Lead hand / Supervisor<br>Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |  |
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| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |                       |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |  |







Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# PURCHASE ORDER PO038743

**Supplier:** ATG001-VC  
A.T.G. Industries Inc  
731 INDUSTRIELLE ROAD  
ROCKLAND  
ON  
K4K 1T2 Canada  
Phone: 613-446-4544  
Fax: 613-446-4556

**Attention:** Lalande, Marc-Andre

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

**PO No:** PO038743  
**PO Date:** 1/8/18  
**Due Date:** 2/1/18  
**Purchase Order  
Revision:**  
**Revision Date:**  
**Ship-To Contact:** Baker, Diane  
Phone: dbaker@dartaero.com

**Via:** Ground  
**Pymt Terms:** Net 30  
**Freight Terms:**  
**Special Comments:**

JAN 23 2018

## Items

| Line<br>Item | Job    | Part      | Description                                                                                                     | Status | Due<br>Date | Order<br>Quantity | Received<br>Quantity | Balance | Unit<br>Price (CAD) | Extended<br>Price |
|--------------|--------|-----------|-----------------------------------------------------------------------------------------------------------------|--------|-------------|-------------------|----------------------|---------|---------------------|-------------------|
| 1            | 166820 | D4838-1   | Upper Cutter Body, LH<br>Issue P/O: _____ ATG,<br>Hard Black Anodize and Prime as per<br>Dwg D4838-1 Rev. A     | Firmed | 2/1/18      | 10 pcs            | 0 pcs                | 10 pcs  | \$11.61/pcs         | \$116.10          |
| 2            | 169613 | D4703-043 | Lock Pin Base<br>Issue P/O to ATG: _____<br>HARD ANODIZE COLOR BLACK,<br>As Per Dwg D4703                       | Firmed | 2/1/18      | 4 pcs             | 0 pcs                | 4 pcs   | \$4.06/pcs          | \$16.24           |
| 3            | 168229 | 646.3313  | Upper Guide<br>Issue P/O to ATG : _____<br>Hard Anodize Color Black and Prime<br>as per DWG 646.3300            | Firmed | 2/1/18      | 6 pcs             | 0 pcs                | 6 pcs   | \$14.46/pcs         | \$86.76           |
| 4            | 168224 | 646.3210  | Support<br>Issue P/O to ATG : _____ 1-<br>Hard Anodize Color Black and Prime<br>as per Dwg 646.3200             | Firmed | 2/1/18      | 6 pcs             | 0 pcs                | 6 pcs   | \$15.71/pcs         | \$94.26           |
| 5            | 168265 | 646.9710  | Body<br>Issue P/O to ATG : _____<br>Hard Black Anodize Color Black and<br>Prime as per Dwg 646.9700             | Firmed | 2/1/18      | 12 pcs            | 0 pcs                | 12 pcs  | \$15.86/pcs         | \$190.32          |
| 6            | 165649 | 646.9811  | Upper Deflector<br>Issue P/O to ATG : _____<br>HARD ANODIZE COLOR BLACK,<br>PRIME AS PER DWG 646.9800 REV.<br>A | Firmed | 2/1/18      | 16 pcs            | 0 pcs                | 16 pcs  | \$33.96/pcs         | \$543.36          |
| 7            | 169180 | 649.5010  | Deflector<br>Issue P/O to ATG: _____<br>HARD ANODIZE COLOR BLACK, AND<br>PRIME AS PER DWG 649.5000 REV.<br>D    | Firmed | 2/1/18      | 5 pcs             | 0 pcs                | 5 pcs   | \$35.36/pcs         | \$176.80          |
| 8            | 169184 | 649.5214  | Bracket<br>Issue P/O to ATG : _____<br>Hard Anodize Color Black and Prime<br>as per Dwg 649.5200                | Firmed | 2/1/18      | 5 pcs             | 0 pcs                | 5 pcs   | \$10.36/pcs         | \$51.80           |
| 9            | 169748 | 650.9201  |                                                                                                                 | Firmed | 2/1/18      | 20 pcs            | 0 pcs                | 20 pcs  | \$7.96/pcs          | \$159.20          |

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Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# PURCHASE ORDER PO038743

| Items        |        |          |                                                                                                                                 |        |          |                |                   |         |                  |                |
|--------------|--------|----------|---------------------------------------------------------------------------------------------------------------------------------|--------|----------|----------------|-------------------|---------|------------------|----------------|
| Line Item    | Job    | Part     | Description                                                                                                                     | Status | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
| 10           | 169630 | D4842-1  | Eyelet Bracket Assembly<br>Issue P/O to ATG : _____<br>Hard Anodize, Color Black and Prime<br>as per Dwg 650.9200               | Firmed | 2/1/18   | 8 pcs          | 0 pcs             | 8 pcs   | \$13.41/pcs      | \$107.28       |
| 11           | 169388 | 647.7819 | Lower Cutter Deflector<br>Outsource process-<br>Issue P/O to ATG : _____<br>HARD ANODIZE COLOR BLACK,<br>PRIME AS PER DWG D4842 | Firmed | 2/1/18   | 10 pcs         | 0 pcs             | 10 pcs  | \$12.61/pcs      | \$126.10       |
| 12           | 168245 | 646.3715 | Cross Bracket Fwd<br>Issue P/O to ATG : _____<br>HARD ANODIZE COLOR BLACK,<br>AND PRIME AS PER DWG 647.7819                     | Firmed | 2/1/18   | 10 pcs         | 0 pcs             | 10 pcs  | \$7.61/pcs       | \$76.10        |
| 13           | 168267 | 646.9712 | Strut Doubler<br>Issue P/O to ATG : _____<br>Hard Anodize, Color Black and Prime<br>as per Dwg 646.3700                         | Firmed | 2/1/18   | 6 pcs          | 0 pcs             | 6 pcs   | \$15.86/pcs      | \$95.16        |
| 14           | 168268 | 646.9713 | Body<br>Issue P/O to ATG : _____<br>Hard Anodize, Color Black and Prime<br>as per Dwg 646.9700                                  | Firmed | 2/1/18   | 5 pcs          | 0 pcs             | 5 pcs   | \$8.86/pcs       | \$44.30        |
| 15           | 169381 | 647.1610 | Body<br>Issue P/O to ATG : _____<br>Anodize, Color Black, Prime as per<br>Dwg 646.9700                                          | Firmed | 2/1/18   | 6 pcs          | 0 pcs             | 6 pcs   | \$12.06/pcs      | \$72.36        |
| 16           | 169485 | 647.7612 | Wiper Deflector Fwd<br>Issue P/O to ATG : _____<br>1- Hard Anodize, Color Black and<br>Prime as per Dwg, 647.1600               | Firmed | 2/1/18   | 6 pcs          | 0 pcs             | 6 pcs   | \$12.06/pcs      | \$72.36        |
| 17           | 166816 | D4823-1  | Breakaway Tip<br>Issue P/O to ATG : _____<br>Hard Anodize, Color Black and Prime<br>as Per Dwg 647.7600                         | Firmed | 2/1/18   | 6 pcs          | 0 pcs             | 6 pcs   | \$12.06/pcs      | \$72.36        |
|              |        |          | Upper Cutter Deflector<br>Issue P/O to ATG : _____<br>Hard Anodize, Color Black and Prime<br>as per Dwg D4823                   | Firmed | 2/1/18   | 12 pcs         | 0 pcs             | 12 pcs  | \$12.51/pcs      | \$150.12       |
| Grand Total: |        |          |                                                                                                                                 |        |          |                |                   |         | \$2,178.62       |                |

## Order Notes

Procurement Quality Clauses  
A005 right of entry  
A012 chemical and physical test report  
A016 personnel qualification  
A017 raw material identification (as applicable)  
  
A022 Apical Processing  
A024 process certifications  
A026 certification of material conformance  
  
A041 quality management system  
A042 dart notification by supplier  
A043 retention of quality documents  
  
A048 counterfeit parts avoidance, detection, mitigation and disposition program





A.T.G. Industries Inc.  
731 Industrielle Street  
Rockland, ON K4K 1T2  
Canada

Ph: (613) 446-4544

Fax: (613) 446-4556

### Pack List

Number: 914523

Date: 30-Jan-18

#### To

Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

#### Ship To

Chantal Lavoie  
Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

Ph: 613 632-9577

Fax: 613 632-1053

Ph: 613 632-9577

Fax: 613 632-1053

|                |                                                                                                                                                                                                                                                        |           |                                                    |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|
| Terms          |                                                                                                                                                                                                                                                        | Ship Via  |                                                    |
|                |                                                                                                                                                                                                                                                        | OUR TRUCK |                                                    |
| Quantity       | Description                                                                                                                                                                                                                                            |           |                                                    |
|                | Please reference this document's Pack List number on all correspondences regarding this shipment. If you have any questions, please contact us.                                                                                                        |           |                                                    |
| 10<br>ea       | Part: D4838-1<br>Upper Cutter Body, LH<br>Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4.5mils)<br>Prime per MIL-PRF-23377, Type I, Class N (Customer Supplied), .0001-.0002" (1<br>- 2 mils) per drawing.<br>Job: 22348  |           | Rev: A<br><br><br><br><br>PO: PO038743<br>Line: 1  |
| 8<br>ea        | Part: D4842-1<br>Lower Cutter Deflector<br>Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4.5mils)<br>Prime per MIL-PRF-23377, Type I, Class N (Customer Supplied), .0001-.0002" (1<br>- 2 mils) per drawing.<br>Job: 22356 |           | Rev: B<br><br><br><br><br>PO: PO038743<br>Line: 10 |
| 6<br>ea        | Part: 646.9712<br>Body<br>Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4.5mils)<br>Job: 22359                                                                                                                             |           | Rev: D<br><br><br><br><br>PO: PO038743<br>Line: 13 |
| 6<br>ea        | Part: 646.3313<br>Upper Guide<br>Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4.5mils)<br>Prime per MIL-PRF-23377, Type I, Class N (Customer Supplied), .0006-.0009" (.6<br>- .9 mils) per drawing.<br>Job: 22350         |           | Rev: NC<br><br><br><br><br>PO: PO038743<br>Line: 3 |
| 6<br>ea        | Part: 646.3210<br>Support<br>Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4.5mils)<br>Prime per MIL-PRF-23377, Type I, Class N (Customer Supplied), .0006-.0009" (.6<br>- .9 mils) per drawing.<br>Job: 22351             |           | Rev: NC<br><br><br><br><br>PO: PO038743<br>Line: 4 |
| Made in Canada |                                                                                                                                                                                                                                                        |           |                                                    |
| Page 1 of 2    |                                                                                                                                                                                                                                                        |           |                                                    |





A.T.G. Industries Inc.  
731 Industrielle Street  
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Ph: (613) 446-4544

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### Pack List

Number: 914523

Date: 30-Jan-18

#### To

Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

#### Ship To

Chantal Lavoie  
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Hawkesbury, ON K6A 1K7

Ph: 613 632-9577

Fax: 613 632-1053

Ph: 613 632-9577

Fax: 613 632-1053

| Terms | Ship Via  |
|-------|-----------|
|       | OUR TRUCK |

| Quantity | Description                                                                                                                                                                                                                                                           |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5<br>ea  | Part: 649.5214<br>Bracket<br>Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4.5mils)<br>Prime per MIL-PRF-23377, Type I, Class N (Customer Supplied), .0006-.0009" (.6<br>- .9 mils) per drawing.<br>Job: 22355<br>PO: PO038743<br>Line: 8 |

#### CERTIFICATE OF CONFORMANCE

A.T.G Industries Inc. certifies that all items in this shipment conform to the requirements.

Date:

30/1/2018

Certified Signature:

Receiver Signature:

A.T.G Industries Inc. is AS9100 Registered and Nadcap Chemical Processing Accredited.

Note: This Packing Slip may contain parts that have been PLATED. Items that are plated may be subject to natural tarnishing and it is suggested that they be inspected within 24 hours of receipt.

Made in Canada.